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SECRETARY OF STATE

COVER LETTER

	EZ RENTALAS LLC		
C1:	Cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: ALVAREZ FIGUEROA RICHARD JR Name of Person GALVAREZ RENTALS LLC Firm/Company 3323 COLEMAN PLACE Address ORLANDO FI, 32805 City/State and Zip Code Thegoodwayrental@gmail.com E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: IEROA RICHARD JR Name of Person Area Code Daytime Telephone Number Address: Certificate of Status Certified Copy (additional copy is enclosed) Address: Street Address: Registration Section n of Corporations Registration Section Division of Corporations		
losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
eturn all correspo	ondence concerning this matter	to the following:	
	ALVAREZ FIGUEROA F	RICHARD JR	
		Name of Person	
	GALVAREZ RENTALS I	LLC	
		Firm/Company	
	3323 COLEMAN PLACE		
		Address	
	ORLANDO FL 32805		
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		at ()	
Name o	t Person	Area Code Daytim	e Telephone Number
d is a check for th	ne following amount:		
.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C P.O. Box 632	Section Sorporations 7	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations Callahassee e Street, Suite 810
	GALVARI CT: losed Articles of eturn all correspondence information of REZ FIGUEROA Name of the control of the	Name of Lin losed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter ALVAREZ FIGUEROA F GALVAREZ RENTALS I 3323 COLEMAN PLACE ORLANDO FL 32805 Thegoodwayrental@gmail. E-mail address: (ther information concerning this matter, please concerning this matter c	GALVAREZ RENTALAS LLC Name of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: ALVAREZ FIGUEROA RICHARD JR Name of Person GALVAREZ RENTALS LLC Firm/Company 3323 COLEMAN PLACE Address ORLANDO FL 32805 City/State and Zip Code Thegoodwayrental@gmail.com E-nail address: (to be used for future annual report notine information concerning this matter, please call: REZ FIGUEROA RICHARD JR Name of Person d is a check for the following amount: .00 Filing Fee \$330.00 Filing Fee & Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of The

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GALVAREZ RENTALS LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	ompany as it now appears on our records, mited Liability Company))
The Articles of Organization for this Limited Liability Com-	pany were filed on 07072021	and assigned
lorida document number L21000310279		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
i/A		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	3323 COLEMAN PLACE	
Principal office address MUST BE A STREET ADDRES	ORLANDO FL 32805	
nter new mailing address, if applicable:	3323 COLEMAN PLACE	
If amending name, enter the new name of the limited liable of the new name must be distinguishable and contain the words "Limited Liabileter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) after new mailing address, if applicable: [Adding address MAY BE A POST OFFICE BOX]	ORLANDO FL 32805	
	· ···	
If amending the registered agent and/or registered o	ffice address on our records, enter ti	he name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent: N/A		
New Registered Office Address:	. <u></u>	
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KEILA J BENJAMIN	3323 COLEMAN PLACE	<u> </u>
		ORLANDO FL 32805	□Remove
			□Change
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		08/05/2022				
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this bloddocument's effective date on the De	be specific and ock does not n	t cannot be prior to neet the applica	o date of filing or m ble statutory filin	(opt pore than 90 days after g requirements, th	ar filing.) Pursuant to 605	5.0207 ed as
e record specifies a delayed effective rd is filed.	date, but not	an effective tir	ne, at 12:01 a.m.	on the earlier of: (b) The 90th day after	r the
Dated		2022	·			
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12.7	Signature of a	membek or autho	rized representative	e of a member		

Filing Fee: \$25.00